MAROONS BASEBALL CLUB

EMERGENCY CONTACT FORM

Player Name: _____ **Age**: _____

Date: _____ **Team Level** (MBC Director Use ONLY): _____

_____

Parent/Guardian Name #1 (Print): _____

Parent/Guardian #1 Phone Number: _____

Parent/Guardian Email #1 (Print): _____

_____

Parent/Guardian Name #2 (Print): _____

Parent/Guardian #2 Phone Number: _____

Parent/Guardian Email #2 (Print): _____

_____

(Optional): **Food Allergies/Other Notes**:

_____

_____

_____

If any information given on this form changes please reach out to a staff member in order to update it

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